2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT #K73917 **Secretary of State** P.W.S. CONSULTANTS INC. Principal Place of Business Mailing Address 1603 BUNKER HILL DR. 1603 BUNKER HILL DR. SUN CITY CENTER, FL 33573 SUN CITY CENTER, FL 33573 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. 7, etc. 03012006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 59-2938334 Not Applicable Zio Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHEMENAUER, PAUL W. Street Address (P.O. Box Number is Not Acceptable) 1603 BUNKER HILL DR SUN CITY CENTER, FL 33573 City Zip Code FL 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algoriture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OTTO TITLE ☐ Datete TITLE ☐ Change ☐ Addition NAME SCHEMENAUER, PAUL W. NAME 08/10/06-80847-019 150.80 STREET ADDRESS 1803 BUNKER HILL DR STREET ADDRESS CATY-S1-ZIP SUN CITY CENTER, FL 33573 CSTY-ST-71P TITLE Delete ☐ Change ☐ Addition TITLE NAME SCHEMENAUER, SUSAN E NAME STREET ADDRESS 1603 BUNKER HILL DR STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-ZIP TITLE ☐ Defete 3331 F Change nollibby 🔲 NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TIFLE Delete TITLE Addition NAME MARKET STREET ADDRESS STREET ADDRESS CITY-ST-20P CITY-57-27P TITLE ☐ Delete TITLE ☐ Addition ☐ Channe MASIF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. PAVL W. SCHEMENG USA.

FILED

Mar 27, 2006 08:00 AM